

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

663-048924

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

181

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

PERRYVILLE

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

PERRY Co. MENL. Hosp. A

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo.

b. COUNTY

STE. GENEVIEVE

c. CITY

OR

TOWN

STE. GENEVIEVE

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

284 SERAPHIN

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Mary

Last

FRIEDMAN

4. DATE

OF

DEATH

Month

12

Day

Year

26

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/24/63

9. AGE (last birthday)

12

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

AMERICA

13a. FATHER'S NAME

Roy FRIEDMAN

13b. MOTHER'S MAIDEN NAME

Dorothy FIDGE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Roy Friedman Ste Genevieve

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

abedectasis Bilateral

DUE TO (b)

Prematurity

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Dec 24/63

to Dec 26/63

and last saw alive on

Dec. 25/63

Death occurred at

7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Joseph F. Lusk

22b. ADDRESS

Ste Genevieve, Mo.

22c. DATE SIGNED

12-26-63

23. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-26-63

23c. NAME OF CEMETERY OR CREMATORY

Ste Genevieve, Mo

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Albert Boy

ADDRESS

Perryville, Mo

25. DATE RECD. BY LOCAL REG.

12-27-63

26. REGISTRAR'S SIGNATURE

J. J. Zollner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0795
2 0951
3 2
4 1
5 0
6
7 0
8 0
9 7625
10
11
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not}embalmed by me,

~~embalmed~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3886

P. O. Address Learyville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.